Point-Of-Service (POS) Facilitated Enrollment Process in Four Steps for Pharmacists

1. **Request Customer's Part D Plan ID card.** Alternatively, individuals may have a plan enrollment "acknowledgement letter" that should contain the bank identification number (BIN), processor control number (PCN), Group ID for the patient's specific plan (GROUP), and Member ID information. In addition, even if the individual has no proof of enrollment, their plan's billing information may be available through the new eligibility enrollment system, the E1. If none of these sources of information are available, and the customer is dually eligible for Medicare and Medicaid, the POS Facilitated Enrollment process will still allow you to fill the dual's prescription.

2. **Submit an E1 transaction to the TrOOP Facilitator**. This ensures that the member has not already been assigned to a Prescription Drug Plan (PDP). If you are not sure how to submit an E1-transaction, please contact your software vendor. If the E1 transaction returns a valid BIN/PCN, indicating the member has been enrolled with a Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD), you may NOT submit the claim under the POS Facilitated Enrollment. (If the E1 returns just a help desk phone number, this means that the beneficiary has been enrolled in a plan, but that the billing data is still in process.)

3. **Identify a "Dual Eligible" Member.** The first step is to request the member's Medicare and Medicaid Identification cards. If the member cannot provide clear evidence of enrollment in both programs, the claim should **NOT** be processed under the POS Facilitated Enrollment process. Please see below options available to verify a member's dual eligibility.

   To verify Medicaid eligibility: In addition to the existing state resources, such as interactive voice response (IVR) systems, you can use the following as verification of Medicaid eligibility:

   - Medicaid ID Card

   - Recent history of Medicaid billing in the pharmacy patient profile.

   - Copy of current Medicaid award letter.

   To verify Medicare eligibility:

   - Submit an expanded E1 query to determine Medicare Part A, Part B or Parts A and B eligibility

   - Request to see a Medicare card; or

   - Request to see a Medicare Summary Notice (MSN); or

   - Call the dedicated Medicare pharmacy eligibility line at 1-866-835-7595.

4. **Bill the POS Contractor.** Please note that there is no need to call WellPoint to confirm enrollment, as no enrollment preexists the claim submission. Please also note that there are no edits for Non-Formulary Drugs, or for Prior Authorization or Step Therapy. However, drugs excluded from Medicare or Part D coverage will not be paid for.

Make sure you have first submitted an E1 query and ruled out evidence of enrollment in a Part D plan, then enter the claim into your claims system in accordance with the WellPoint (Anthem) payer sheet available at: http://www.anthem.com/jsp/antiphona/apm/nav/ilink_pop_native.do?content_id=PW_A081085. Below is a partial copy of the Payer Sheet specifically for the POS Facilitated Enrollment business segment, highlighting required fields unique to this business. It is important that you carefully review the payer sheet and submit claims in the required format. Please work directly with your software vendor in setting this program up in your system. **Please note, it is critical that we receive both the Medicaid ID number and Medicare (HICN) ID number to validate the members "dual eligible" status.** Submission of claims without both the Medicaid and the Medicare ID numbers will be considered invalid.

Option 1: For systems that support Cardholder ID and Patient ID fields

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61Ø575	M	
1Ø2-A2	Version/Release Number	51	M	Version 5.1
1Ø3-A3	Transaction Code	B1, B3	M	Billing Transaction
1Ø4-A4	Processor Control Number	**CMSDUALØ1**	M	
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	NCPDP Provider ID
2Ø1-B1	Service Provider ID	NCPDP Provider ID	M	Previously known as NABP Number
4Ø1-D1	Date of Service		M	Format CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Send spaces

Patient Segment: Required

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	**Patient ID Qualifier**	**99**	R	**99 - Other Values of Ø1, Ø2 and Ø3 are not supported.**
332-CY	**Patient ID**		R	**Submit Medicaid number (up to 14 bytes) when using Patient ID Qualifier (331-CX) = 99**
3Ø4-C4	**Date of Birth**		**R**	**Format CCYYMMDD**
3Ø5-C5	**Patient Gender Code**	**1, 2**	**R**	
31Ø-CA	**Patient First Name**		**R**	
311-CB	**Patient Last Name**		**R**	
322-CM	**Patient Street Address**		**R**	
323-CN	**Patient City Address**		**R**	
324-CO	**Patient State / Province Address**		**R**	
325-CP	**Patient Zip / Postal Zone**		**R**	
326-CQ	**Patient Phone Number**		**R**	**Format AAAEEENNNN**

3Ø7-C7	Patient Location	1, 3, 5	R	Required When Billing for Patient in a Long-Term Care Setting: 3 – Nursing Home 5 – Rest Home Required When Billing for HIT: 1- Home

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	**Cardholder ID**		**M**	**Submit Health Insurance Claim Number (HICN)**
3Ø6-C6	Patient Relationship Code		R	

If you experience problems with the submission requirements described above, you can use option 2 until your software vendor can support Option 1. **Please note, it is critical that we receive both the Medicaid ID number and Medicare (HICN) ID number to validate the members "dual eligible" status.**

Option 2: For systems that do not currently support 2 Member ID numbers:

- BIN: 610575 (Anthem Prescription Management, LLC)

- PCN: CMSDUAL02 (instead of CMSDUAL01 as noted above)

- Medicaid ID number in field 301 C1 Group ID (instead of the Patient ID 332-CY and Patient ID Qualifier 331-CX)

- Patient Segment Required fields as listed above are still required, this includes date of birth, first and last name, full address, phone number and patient location code.

- Medicare (HICN) ID number in field 302 C2 Cardholder ID

Member Coverage:

- Days Supply: Limited to 14 days (This will allow for an appropriate opportunity for members to be enrolled with a PDP)

For Further Assistance:

- Pharmacy Help Desk : (800) 662-0210 – Please note, IVR options enhanced for POS Facilitated claims

    Monday – Friday, 8:30 a.m. – 12:00 a.m. ET

    Saturday & Sunday, 9 a.m. – 7 p.m. ET